PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed of tions.	herwise in Block 1, by ((a) specifying a new co	orres	pondence address;	and/or	r (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
22429									
LOWE HAUPTMAN HAM & BERNER, LLP 1700 DIAGONAL ROAD SUITE 300					I hereby certify that this Feed's Transmits is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
ALEXANDRIA	., VA 22314							(Depositor's name)	
								(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/578,995	10/578,995 03/28/2007		Sang-Mok Sohn			4900-0015		5131	
TITLE OF INVENTION	: METHOD OF TRANS	SMITTING MULTIMED	IA MESSAGE IN VAI	RIOU	JS SERVICE ENV	TRON	MENTS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	08/23/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
LEBASSI, AMANUEL		2617	455-418000						
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/S "Fee Address" inc PTO/SB/47; Rev 034 Number is required.	(I) the names of u or agents OR, alter	For primiting on the patient front page, list 1 apents OR, alternatively, 2) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patient attorneys or agent and the names of up to registered patient attorneys or agents. If no name is set, on same will be printed.							
(A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp			he pa g an a	tent. If an assigne ssignment. and STATE OR C	OUNT	RY)	ocument has been filed for	
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):		Individual 🖾 Co	rporati	on or other private gro	up entity Government	
4a. The following fee(s) ☐ Issue Fee ☐ Publication Fee (N☐ Advance Order -	b. Psyment of Fec(s): (Please first reapply any proviously paid issue fee shown above) ☐ A check is enclosed. M Psyment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overphyment, to Deposit Account Number (9.713.3.7 (enclose an extra copy of this form).								
	s SMALL ENTITY state	as. See 37 CFR 1.27.					FITY status. See 37 CI		
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademarl	ed from anyone other th k Office.	an th	e applicant; a regis	stered a	ittorney or agent; or th	e assignce or other party in	
	/Yoon S						010-07-30		
Typed or printed nam	eYoon S	S. Ham			Registration N	o	45307		
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but 'irginia 22313-1450. DC 13-1450.	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var- rden, should be sent to ff O NOT SEND FEES OR	on is required to obtain 1.14. This collection is y depending upon the in the Chief Information O COMPLETED FORM	or re s esti- ndivi- fficer S TO	etain a benefit by the mated to take 12 n dual case. Any co , U.S. Patent and THIS ADDRESS	ne publ ninutes mment Fraden . SENI	tic which is to file (and to complete, includin s on the amount of tir nark Office, U.S. Depa D TO: Commissioner	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.